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STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
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**PROFESSIONAL LICENSING
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16 HOUR CERTIFICATION FORM**

APPLICANT NAME _____
(LAST) (FIRST) (MI)

DATE OF BIRTH _____

AGENCY _____

INSTRUCTOR'S NAME _____

DATES OF COURSE _____

DATE OF CERTIFICATION _____

LOCATION OF CERTIFICATION _____

INSTRUCTOR'S COMMENTS

(Instructor's Signature)